

Agenda: Acute Care Measures Workgroup 8-21-2014

9:00	Welcome and Introductions
9:05	Quick Review: <ul style="list-style-type: none">• Measure selection criteria• Decisions from August 5 meeting• New Measures worksheet
9:15	Decision on Follow-up Items from August 5 meeting <ul style="list-style-type: none">• 30-day all cause readmissions (Beth)• Medication reconciliation (Beth)• Obstetrics early induction (Larry)• Stroke (Kim)
9:45	Continue Measures Review <ul style="list-style-type: none">• Utilization• Cost• Other• Patient Safety• Potentially Avoidable Care
10:50	Next Steps
10:55	Open Line for Comment

YES Measures To Date

#	Measure Name	NQF #	Steward	Category	Data Source	Description
20	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	0058	NCQA	Avoidance of Overuse	Claims	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.
H-61	OP-8: Outpatient MRI without Treatment: Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	0514	CMS	Avoidance of Overuse	Claims	<p>This measure calculates the percentage of MRI of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy. Antecedent conservative therapy may include (see subsequent details for codes):</p> <ol style="list-style-type: none"> 1) Claim(s) for physical therapy in the 60 days preceding the Lumbar Spine MRI 2) Claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the Lumbar Spine MRI 3) Claim(s) for evaluation and management in the period >28 days and <60 days preceding the Lumbar Spine MRI.
49	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	NCQA	Behavioral Health	Claims	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge
H-41	MORT-30-AMI: Heart Attack Mortality	0230	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.

YES Measures To Date

#	Measure Name	NQF #	Steward	Category	Data Source	Description
H-63	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	0471	The Joint Commission	Obstetrics	Claims and Clinical Data	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care. THIS ONE STILL NEEDS CONFIRMATION
H-28	HCAHPS - Communication about Medicines - Discharge Information	0166	CMS	Patient Experience	Survey	27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information Workgroup selected two in particular (Communication about Medicines and Discharge Information) as they relate specifically to improving care transitions and reducing hospital readmissions.
14	Appropriate Testing for Children with Pharyngitis (CWP)	0002	NCQA	Pediatric	Claims	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode
H-99	STK-4: Thrombolytic Therapy THIS ONE STILL NEEDS CONFIRMATION	0437	The Joint Commission	Stroke	Clinical Data	This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.

MAYBE MEASURES TO DATE

#	Measure Name	NQF Number	Steward	Category	Data Source	Description
H-42	MORT-30-HF: Heart Failure Mortality	0229	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.
94	Plan All-Cause Readmission (PCR)	1768	NCQA	Hospital Readmissions/ Care Transitions	Claims	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission
H-79	READM-30-HOSP-WIDE: Hospital-wide Readmit	1789	CMS	Hospital Readmissions/ Care Transitions	Claims	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR) for patients aged 18 and older. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts.
175	Medication Reconciliation	NA	Pharmacy Quality Alliance	Medication Management and Generic Use	unknown	patient's personal medication list comprehensive review and reconciliation
176	MTM	NA	Pharmacy Quality Alliance	Medication Management and Generic Use	unknown	eligible members who received a Comprehensive Medication Review (CMR)

MAYBE MEASURES TO DATE

#	Measure Name	NQF Number	Steward	Category	Data Source	Description
200	Use of High-Risk Medications in the Elderly (DAE)	0022	NCQA	Medication Management and Generic Use	Clinical Data	Percentage of patients 66 years of age and older who were ordered high- risk medications. Two rates are reported: % of patients who were ordered at least one high-risk medication, and % of patients who were ordered at least two different high-risk medications.
169	Medication Reconciliation	0097	NCQA	Medication Management and Generic Use	Clinical Data	Percentage of patients aged 65 years and older discharged from any IP facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented
250	Percent non-medically indicated inductions with unfavorable cervix in nulliparous women	NA	NA	Obstetrics	unknown	Percent non-medically indicated inductions with unfavorable cervix in nulliparous women

PARKING LOT TOPICS/MEASURES

Topic	Comments	Potential Measures
1. Outpatient minutes to transfer: Time from emergency department arrival to time of transfer to another facility for acute coronary intervention	This is a CMS measure and is important measure of process, particularly for smaller, rural facilities.	NQF #0289 (CMS)
1. Care Transitions following discharge from the hospital	The workgroup feels that this is a high priority topic but it is unclear how to measure it reliably with currently available data. The workgroup recommends revisiting this topic each year to ascertain whether one or more reliable measures have been agreed upon and whether data is readily available in WA State.	Discharge Information and Follow-up Phone Call for Inpatients (WSHA measure)
1. Medication Reconciliation	The workgroup feels that this is a high priority topic but it is unclear how to measure it reliably with currently available data. The workgroup recommends revisiting this topic each year to ascertain whether one or more reliable measures have been agreed upon and whether data is readily available in WA State.	
1. Prenatal and Postpartum Care	Currently difficult to measure utilizing claims data; providers charge global fee and do not routinely submit claims for individual prenatal and postpartum visits that are associated with the global fee.	NQF #1517 (NCQA)
1. Pediatric Asthma (inpatient care)	Need to understand whether there is a data source for WA; highly regarded by pediatric community. National data suggests little opportunity for improvement. Group requested this be a parking lot measure.	NQF# 0143 (Joint Commission)
1. Systematic database for stroke care	The workgroup strongly recommends 100% participation in a recognized clinical database/registry by hospitals in WA State; it is state law for hospitals to participate however, currently only ~50 hospitals comply. Workgroup recommends full participation in program.	